## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed

appropriate. All further indicated unless correcte maintenance fee notifical	correspondence includired below or directed oth	ng the Patent, advance or nerwise in Block I, by (a	ders and notification a) specifying a new co	of m	naintenance fees wi pondence address;	Il be mand/or (	ailed to the current b) indicating a separ	correspond correspond rate "FI	ondence address as EE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
30031	7590 04/03	/2009		114.0			•			
P.O. BOX 3001	LLECTUAL PRO IANOR, NY 10510	OPERTY & STAN		I her State addre trans	eby certify that this is Postal Service wi essed to the Mail	Fee(s) th suffic Stop 18	of Mailing or Transmittal is being clent postage for first SUE FEE address in 273-2885, on the da	deposit class r	ed with the United nail in an envelope or being facsimile ated below.	
									(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	OR ATTORNEY D		NEY DOCKET NO.	CONF	IRMATION NO.	
10/016,506 12/10/2001 James Pawlikowski 011142US2 9080  TITLE OF INVENTION: SYSTEM AND METHOD FOR UPGRADING A MEDICAL DEVICE										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV, PAID ISSUE	FEE	TOTAL FEE(S) DUE	T	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0			\$1810		07/06/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
KOPPIKAR, VIVEK D 3686			705-002000	•						
I. Change of corresponds CFR 1 363).  Change of corresp Address form PTO/Sk  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
RIC INV	ESTMENTS,	LLC	WILMINGT	ON	, DE					
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):		Individual 🖫 Cor	rporatio	n or other private gro	up entit	y Government	
4a. The following fee(s):  3 Issue Fee 3 Publication Fee (N 3 Advance Order - 1	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 enclose an extra copy of this form).</li> </ul>									
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state		☐ h Applicant is no	s lone	ger claiming SMAL	LENTI	TY status. See 37 CF	R. 1.27	(g)(2)	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other t							
Authorized Signature			Date June	30, 2	2009					
Typed or printed name Michael W. Haas							35 <b>,</b> 174			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										